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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Statement of Resignation of Registered Agent



| 1. Type of Corporation | n | | |
|--|----|----------|-------------------------------------|
| Profit | No | onprofit | |
| Domestic | Fc | oreign | |
| 2. Name of the Corporation | | | |
| | | | |
| 3. Federal Tax ID | | | |
| | | | |
| 4. The undersigned hereby resigns as registered agent for above corporation. | | | |
| The registered office is also discontinued. (Mark box if applicable.) | | | |
| 6. The agency appointment is terminated, and the registered office discontinued if so provided, on the 31st day after the date on which the statement was filed. | | | |
| By: Signature | | | (Please keep writing within blocks) |
| | | | |
| | | | |
| Printed Name | | | |
| | | | |